

**PAST PERFORMANCE INFORMATION QUESTIONNAIRE**  
SOLICITATION NUMBER \_\_\_\_\_

If this form is used and more room is required, you may use the space at the bottom of the second page or continue on a separate sheet. If this form is used the offeror must provide a copy of the questionnaire for each contract submitted for performance risk evaluation. Information provided will be discussed with the points of contact provided.

1. REFERENCED CONTRACT NUMBER \_\_\_\_\_ Award Date \_\_\_\_\_ Contractor Name \_\_\_\_\_

2. Contracting Activity: (Government or Commercial)  
(Address) \_\_\_\_\_

3. Contract Dollar Value: \_\_\_\_\_

4. Points of Contact:

a. Procuring Contracting Officer  
(name) \_\_\_\_\_  
(email) \_\_\_\_\_  
(phone) \_\_\_\_\_  
(FAX) \_\_\_\_\_

b. Current Admin Contracting Officer  
(name) \_\_\_\_\_  
(email) \_\_\_\_\_  
(phone) \_\_\_\_\_  
(FAX) \_\_\_\_\_

c. Government Quality Assurance Representative (QAR)  
(name) \_\_\_\_\_  
(email) \_\_\_\_\_  
(phone) \_\_\_\_\_  
(FAX) \_\_\_\_\_

d. Industrial Specialist  
(name) \_\_\_\_\_  
(email) \_\_\_\_\_  
(phone) \_\_\_\_\_  
(FAX) \_\_\_\_\_

e. Other (Private Firm, Company President or other POC)  
(name) \_\_\_\_\_  
(email) \_\_\_\_\_  
(phone) \_\_\_\_\_  
(FAX) \_\_\_\_\_

5. Was the contract terminated or cancelled (in whole or part)? YES or NO If yes, why?

\_\_\_\_\_

6. Description of Item:

a. Item: \_\_\_\_\_  
b. Part Number: \_\_\_\_\_  
c. NSN: \_\_\_\_\_

7. The following is the offeror's description of the work performed under this contract. Please comment on the accuracy of the information and detail any disagreements. The Government must determine if this description **is relevant** to our solicitations requirements.

\_\_\_\_\_

8. Were there any instances where quality or schedule requirements were not met? If so, please explain. If not, please state "none".

9. Delivery Data:

- a. Original Delivery Schedule: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
b. Revised Delivery Schedule: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
(ii) State reason for revision of schedule: \_\_\_\_\_

c. Contract Delivery Status: Please check proper description

☐ On Time ☐ Delinquent ☐ Product Delivered and Paper Delay  
☐ Government Caused ☐ Contractor Caused ☐ Other/Explain

d. Contract Delinquency Age Status: Please check proper description

☐ 15-30 Days Delinquent ☐ 31-60 Days Delinquent  
☐ 61-90 Days Delinquent ☐ Over 90 Days Delinquent

10. Were there any problems encountered in the performance of the contract, conforming to specifications and to standards of good workmanship that negatively impacted the customer? If so, please describe. In addition, list the Quality Deficiency Report (QDR) number (if applicable) and describe the deficiency, include a description of corrective actions implemented as a result of the problem encountered.

11. Overall, are there any deficiencies, weakness, or strengths in the contractor's workmanship/quality, timeliness of performance, and adherence to contract delivery schedules?

Evaluator Name:

Title:

Phone:

Fax:

email: